04/13/2011 13:20

Image# 11930647062

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For O	ther Than An	Authorized Co	mmittee		Office Use Only	
NAME OF COMMITTEE (in full)		EC MAILING LAE	BEL Example over the	If typing, type lines			
North County Democ	ratic Unity Politi	cal Action Coalitio	n				
		1 1 1 1 1					
ADDRESS (number and s	reet) 153	1 Grand Avenue					
Check if differe than previously reported. (ACC	ı San	te D  Marcos			CA	92078	2463
2. FEC IDENTIFICATION	ON NUMBER	<b>~</b>	CITY 🛕		STATE	ZIPCO	DE 🛕
C00382861			3. IS THIS REPORT	X NEW OR		MENDED A)	
4. TYPE OF REPOR (Choose One)  (a) Quarterly Report April 15 Quarterly For Quarterly F	Report(Q1) Report(Q2) Report(Q3) Report(YE) d-Year n-election (MY)	(d) 30-Day  Post -Elect Report for the	ene: Converse Convers	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  ary (12P)  vention (12C)  eral (30G)	Sep	in the	Special (30S)
5. Covering Period  I certify that I have examine Type or Print Name of Trees.		0 1 2 0 1 and to the best of revier Martinez	· ·	elief it is true, correct	3 1 and complete	2011	
Signature of Treasurer	Electronically F	Filed by Xavier M	1artinez		Date 0.4	13	2011
NOTE : Submission of fa	se, erroneous, o	or incomplete infor	mation may subject	the person signing th	is Report to th	e penalties of 2 U.	S.C 437g.
Office Use						FEC FOR	_

FE6AN026

FEC Form 3X (Rev. 02/2003)

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name
North County Democratic Unity Political Action Coalition

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2011 Y Y Y		15532.32
	(b) Cash on Hand at Begining of Reporting Period	15532.32	
	(c) Total Receipts (from Line 19)	5185.00	5185.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20717.32	20717.32
7.	Total Disbursements (from Line 31)	2921.13	2921.13
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17796.19	17796.19
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

North County Democratic Unity Political Action Coalition

Report Covering the Period: From: 01 01 2011 To: 03 31 2011

I. Receipts

COLUMN A

COLUMN B

COLUMN B

COLUMN B

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	5185.00	5185.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	5185.00	5185.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5185.00	5185.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
10.	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5185.00	5185.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	5185.00	5185.00

FE6AN026

### DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. (	Operating Expenditures: a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(	b) Other Federal Operating		
	Expenditures	2921.13	2921.13
(	c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	2921.13	2921.13
	ransfers to Affiliated/Other Party	0.00	0.00
23. (	Committees	0.00	0.00
F	ederal Candidates/Committeesnd Other Political Committees	0.00	0.00
	ndependent Expenditure use Schedule E)	0.00	0.00
5. (	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
	oan Repayments Made	0.00	0.00
L			
	oans MadeRefunds of Contributions To:	0.00	0.00
	a) Individuals/Persons Other Than Political Committees	0.00	0.00
(	b) Political Party Committees	0.00	0.00
(	c) Other Political Committees	0.00	0.00
(	(such as PACs)d) Total Contribution Refunds	0.00	0.00
`	(add Lines 28(a), (b), and (c))	0.00	0.00
:9. C	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
01			
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2921.13	2921.13
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	0001.10	2001.10
	from Line 31)	2921.13	2921.13

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
	Total Contributions (other than loans) from Line 11(d), page 3)	5185.00	5185.00			
	Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	5185.00	5185.00			
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2921.13	2921.13			
	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	2921.13	2921.13			

FE6AN026

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			LINE NUMBER: PAGE 6 k only one)			6/1	4		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	22 28a	F	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar										6
NAME OF COMMITTEE (In Full)										
North County Democratic Unity Political A	action Coalition									
Full Name (Last, First, Middle Initial) Complete Campaigns						ion ID: Disburse	SB21I ement	3-64	1-171	7-e
Mailing Address 3635 Ruffin Road Floor 3				0 <sup>M</sup> 1	М	<sup>/</sup> 0	1 /	Ž	0 1	I
City San Diego	State         Zip Code           CA         92123-1880			Amo	unt c	of Each	Disburse	mer	t this	Period
Purpose of Disbursement Computer Software			001		_	-		_	86.00	)
Candidate Name			tegory/ ype							
Senate President	ement For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) Complete Campaigns						)isburse		3-64	<b>I</b> -176	6-e
Mailing Address 3635 Ruffin Road Floor 3				0 <sup>M</sup> 1	М	<sup>/</sup> 1	2 /	Ž	0 1 ·	1
City San Diego	State Zip Code CA 92123-1880			Amo	unt c	of Each	Disburse	mer	-	
Purpose of Disbursement Credit Card Processing Fees			001					-	5.00	)
Candidate Name			tegory/ ype							
Office Sought:    House   Disburs	ement For: Primary General Other (specify)									
Full Name (Last, First, Middle Initial)				<u> </u>			0004			
Complete Campaigns				Date	of D	)isburse				
Mailing Address 3635 Ruffin Road Floor 3				0 <sup>M</sup> 1	М	1	5 /	2	01	1
City San Diego	State Zip Code CA 92123-1880			Amo	unt c	of Each	Disburse	mer		
Purpose of Disbursement Credit Card Processing Fees			001		-	-		_	5.00	)
Candidate Name		Cat	tegory/							
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)									
State: District:										
SUBTOTAL of Disbursements This Page (optional)					-			. !	96.00	
<u> </u>										

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s			IE NUMBER: PAGE 7/14							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I —	-	_	23 28b	24 28c		25 29		26 30b	
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n		ed by any pers	on for the	e purpo	se of s	oliciting c		bution		1 000	
NAME OF COMMITTEE (In Full)  North County Democratic Unity Political											
Full Name (Last, First, Middle Initial) Complete Campaigns			Da		Disburs						
Mailing Address 3635 Ruffin Road Floor 3				011 7 18 7 2011							
City San Diego	State Zip Code CA 92123-188	0	Ar	mount	of Each	Disburse	-			od	
Purpose of Disbursement Credit Card Processing Fees Candidate Name		001 Category/	]   _		•		•	10.0	Ů		
Office Sought: House Disbution Senate President State: District:	rrsement For: Primary General Other (specify)	Туре									
Full Name (Last, First, Middle Initial) Complete Campaigns			Da		Disburs	: SB21 ement	_	4-176			
Mailing Address 3635 Ruffin Road Floor 3	7.0										
City San Diego	State Zip Code CA 92123-188	0	Ar	nount	of Each	Disburse	emer			od	
Purpose of Disbursement Credit Card Processing Fees Candidate Name		001	]					2.5	J		
		Category/ Type									
Office Sought: House Disbu	rsement For: Primary General Other (specify) ▼										
Full Name (Last, First, Middle Initial)			1			: SB21	B-64	4-178	4-е		
Complete Campaigns  Mailing Address 3635 Ruffin Road				ate of L	Disburs / D	ement	Ý	0 1	1 Y		
Floor 3 City San Diego	State Zip Code CA 92123-188	0	Ar	mount	of Each	Disburse	emer	nt this	Perio	od	
Purpose of Disbursement Computer Software		001	╗┖				_	86.0	0		
Candidate Name		Category/ Type									
Senate President	rsement For: Primary General Other (specify)										
State: District:									_	_	
SUBTOTAL of Disbursements This Page (option	al)		<u> </u>					98.5	Ò		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				IE NUMBER: PAGE 8 / 14 nly one)						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1-	X 21b 27	_ 2	_	23 28b	24 28c	Н	25 29	26	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam										5	_
NAME OF COMMITTEE (In Full)  North County Democratic Unity Political Advanced in Full)	ction Coalition										
Full Name (Last, First, Middle Initial) Complete Campaigns  Mailing Address 3635 Ruffin Road				D		Disburs	: SB21 ement		-176		
Floor 3 City	State Zip Code			A	mount	of Each	Disburse	ement	this F	Period	_
San Diego Purpose of Disbursement Credit Card Processing Fees	CA 92123-1880		001	- [				•	7.50	)	
Candidate Name		Cat	tegory/ ype								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)										
Full Name (Last, First, Middle Initial) Complete Campaigns  Mailing Address 3635 Ruffin Road				D		Disburs	: SB21 ement		-176 0 1 1		_
Floor 3	State Zip Code						Disburse	_			_
San Diego	CA 92123-1880			-	THOUSE TO	or East.	Diobaro	JIII 0110	2.50		
Purpose of Disbursement Credit Card Processing Fees Candidate Name			001 tegory/					•	2.00		
Office Sought:  Senate President  State:  Disburse	ement For: Primary General Other (specify)	Т	уре								
Full Name (Last, First, Middle Initial) Complete Campaigns				D	ate of [	Disburs					_
Mailing Address 3635 Ruffin Road Floor 3					М 2 <sup>М</sup>	/ D 1	6 /	ž	0 1 1	ı	
San Diego	State Zip Code CA 92123-1880			А _ Г	mount	of Each	Disburse	-	this F		
Purpose of Disbursement Credit Card Processing Fees Candidate Name		Cat	001 tegory/ ype			•			23.00	,	
Senate President	ement For: Primary General Other (specify)										
State: District:									2 00		_
<b>SUBTOTAL</b> of Disbursements This Page (optional)			<b>&gt;</b>	L				, 3	3.00		

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			IE NUMBER: PAGE 9/14 nly one)						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1-	X 21b 27	22 28a		23 28b	24 28c		25 29	26 30k
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										S
NAME OF COMMITTEE (In Full)  North County Democratic Unity Political Ad	ction Coalition									
Full Name (Last, First, Middle Initial) Complete Campaigns  Mailing Address 3635 Ruffin Road					of D	isburs	: SB21 ement		-179 0 1	
Floor 3	7'- 0-4									
•	State Zip Code CA 92123-1880			Amo	unt o	t Each	Disburse	ement		
Purpose of Disbursement Credit Card Processing Fees Candidate Name			001 tegory/						2.50	)
			уре							
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)									
Full Name (Last, First, Middle Initial) Complete Campaigns				Date	of D	isburs				
Mailing Address 3635 Ruffin Road Floor 3				0 3	M	/ D 1	0 /	Ż	0 1 ·	1 '
•	State Zip Code CA 92123-1880			Amo	unt o	f Each	Disburse	ement	t this	Period
Purpose of Disbursement Computer Software			001						86.00	)
Candidate Name		Cat	tegory/ ype							
Senate President	ement For: Primary General Other (specify)									
State: District:  Full Name (Last, First, Middle Initial)				Tran	eact	ion ID:	: SB21	B-64	-170	2-0
Complete Campaigns				Date	of D	isburs	ement			
Mailing Address 3635 Ruffin Road Floor 3				0 3	М	/ D 1	1 /	ž	0 1 ·	1 1
	State Zip Code CA 92123-1880			Amo	unt o	f Each	Disburse	ement		
Purpose of Disbursement Credit Card Processing Fees			001						5.00	)
Candidate Name		Cat	tegory/ ype							
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	-								
State: District:										
SUBTOTAL of Disbursements This Page (optional) .			<b>&gt;</b>					Ę	3.50	

IT	CHEDULE B (FEC Form 3	<sup>2</sup> Use sepa	arate schedule(s)	_	NUMBER: PAGE 10 / 14
	EMIZED DISBURSEMEN	<b>TS</b> for each	category of the Summary Page	(check only 21b 27	7 one)
	y Information copied from such Reports			by any person f	or the purpose of soliciting contributions
or	for commercial purposes, other than usin	g the name and addre	ss of any political o	committee to so	icit contributions from such committee
$\rangle$	NAME OF COMMITTEE (In Full)  North County Democratic Unity P	olitical Action Coal	ition		
	Full Name (Last, First, Middle Initial) Fallbrook Chamber Of Commerce				Transaction ID: SB21B-12-1767-e
		-			Date of Disbursement  O 2
	Mailing Address 233 E Mission F				
	City Fallbrook	State CA	Zip Code 92028-2146		Amount of Each Disbursement this Period
	Purpose of Disbursement Event Registration Fees			001	202.50
	Candidate Name			Category/ Type	
	Office Sought: House Senate	Disbursement For:	General	Туре	
	State: President District:	Other (spe	ecify) 🔻		
	Full Name (Last, First, Middle Initial) Fallbrook Chamber Of Commerce	<del></del>			<b>Transaction ID:</b> SB21B-12-1773-e Date of Disbursement
	Mailing Address 233 E Mission F	Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} & \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} & \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & I & I \end{bmatrix}$
	City Fallbrook	State CA	Zip Code 92028-2146		Amount of Each Disbursement this Period
	Purpose of Disbursement Organization Dues			001	75.00
	Candidate Name			Category/ Type	
	Office Sought: House Senate	Disbursement For:	General	)I	
	President	Other (spe	ecify) 🔻		
	State: President  State: District:  Full Name (Last, First, Middle Initial)	Other (spe	ecify)		Transaction ID: SR21R-81-1723-e
	State: District:		ecify)		Transaction ID: SB21B-81-1723-e Date of Disbursement
	State: District: Full Name (Last, First, Middle Initial) San Diego County Democratic Pa Mailing Address 8340 Clairmont	arty	ecify)		
	State: District:  Full Name (Last, First, Middle Initial) San Diego County Democratic Pa  Mailing Address 8340 Clairmont Suite 105  City	arty	Zip Code		Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State: District:  Full Name (Last, First, Middle Initial) San Diego County Democratic Pa  Mailing Address 8340 Clairmont Suite 105  City San Diego  Purpose of Disbursement	Mesa Blvd State		001	Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State: District:  Full Name (Last, First, Middle Initial) San Diego County Democratic Pa  Mailing Address 8340 Clairmont Suite 105  City San Diego	Mesa Blvd State CA	Zip Code	001 Category/ Type	Date of Disbursement  M M M / D 1 9 / Y 2 0 1 1 Y  Amount of Each Disbursement this Period
	State: District:  Full Name (Last, First, Middle Initial) San Diego County Democratic Pa  Mailing Address 8340 Clairmont Suite 105  City San Diego  Purpose of Disbursement Renewal of Membership Dues  Candidate Name	Mesa Blvd State CA arty  Disbursement For: Primary	Zip Code 92111-1315		Date of Disbursement  M M M / D D D / Y 2 0 1 1  Amount of Each Disbursement this Period
	State: District:  Full Name (Last, First, Middle Initial) San Diego County Democratic Pa  Mailing Address 8340 Clairmont Suite 105  City San Diego Purpose of Disbursement Renewal of Membership Dues  Candidate Name San Diego County Democratic Pa  Office Sought: House Senate	Mesa Blvd State CA arty Disbursement For:	Zip Code 92111-1315	Category/	Date of Disbursement  On 1 M / D 1 9 / Y 2 0 1 1  Amount of Each Disbursement this Period

C.

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 11 / 14
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  North County Democratic Unity Political Ac	ction Coalition			
Full Name (Last, First, Middle Initial) Jamie Carr			Transaction ID: S Date of Disbursemen	B21B-2011-1691-e
Mailing Address PO Box 8661				
•	State         Zip Code           CA         92067-8661		Amount of Each Disl	oursement this Period
Purpose of Disbursement Reimburse: Meeting Expenses Food/Beverage Candidate Name		001 Category/		250.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Туре		
Full Name (Last, First, Middle Initial)			Transaction ID: S	B21B-1676-1692-e
Michael Gelfand			Date of Disbursemen	
Mailing Address PO Box 9262			01 / 10	<sup>Y</sup> 2011 <sup>Y</sup>
•	State Zip Code CA 92067-4262		Amount of Each Disl	oursement this Period
Purpose of Disbursement		001		400.00
Reimbursement: Meeting Event Food/Beverage Candidate Name		001 Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)				DOLD 1070 1770
Michael Gelfand			Date of Disbursemen	B21B-1676-1770-e nt
Mailing Address PO Box 9262			$\begin{bmatrix} 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 2 \end{bmatrix}$	2011
•	State Zip Code CA 92067-4262		Amount of Each Disk	oursement this Period
Purpose of Disbursement Reimburse: Event Food/Beverage		001		355.48
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	1 300		
State: District:	· · · · · · · · · · · · · · · · · · ·			
SUBTOTAL of Disbursements This Page (optional) .				1005.48

A.

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 12/14
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
TI EINIZED DIODOTIOEINIEN TO	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stater		by any person f	or the purpose of soliciting contributions
or for commercial purposes, other than using the nam	le and address of any political	committee to sol	icit contributions from such committee
NAME OF COMMITTEE (In Full)  North County Democratic Unity Political A	ction Coalition		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B-1610-106-V
BevMo			Date of Disbursement
Mailing Address 1346 W Valley Parkway			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 2 & 2 & M \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City Escondido	State Zip Code CA 92029-2132		Amount of Each Disbursement this Period
Purpose of Disbursement	02020 2102		355.48
Event: Food/Beverage		001	
Candidate Name		Category/ Type	
Office Sought: House Disburse		туре	[MEMO ITEM]
Senate President	Primary General Other (specify) ▼		Subitemization of Michael Gelfand ( 02/22/11 )
State: District:			
Full Name (Last, First, Middle Initial) Rancho Santa Fe Association			<b>Transaction ID:</b> SB21B-1859-107-V Date of Disbursement
Mailing Address PO Box A			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & D \\ 2 & 2 & D \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 2 \\ 2 & 2 & 0 & 1 \\ 1 & 1 & 1 \end{bmatrix}$
City Rancho Santa Fe	State Zip Code CA 92067-0359		Amount of Each Disbursement this Period
Purpose of Disbursement	32007 0003		950.04
Event Food/Beverage		001	
Candidate Name		Category/ Type	[MEMO ITEM]
Office Sought: House Disburse Senate President	ement For:  Primary  General  Other (specify)		Subitemization of John Venekamp ( 02/22/11 )
State: District:	<b>(op:on)</b> / <b>▼</b>		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B-1685-1771-e
John Venekamp			Date of Disbursement
Mailing Address PO Box 265			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & I & I \end{smallmatrix} \end{bmatrix} $
City Rancho Santa Fe	State         Zip Code           CA         92067-0265		Amount of Each Disbursement this Period
Purpose of Disbursement			950.04
Reimbursement: Event Food/Beverage Candidate Name		O01	
Cardidate Name		Category/ Type	
	ement For:		
Senate	Primary General		
State: District:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			950.04

TOTAL This Period (last page this line number only) .....

2614.02

### PAGE 13 / 14 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) North County Democratic Unity Political Action Coalition A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administrative/Salary/Ove-rhead: Reimbursement: Mee-ting Event Food/Beverage Michael D Gelfand Mailing Address PO Box 9262 ZIP Code City State Rancho Santa Fe CA 92067-4262 Outstanding Balance Beginning This Period Transaction ID: SD10-DEBT1692 400.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 400.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administrative/Salary/Ove-rhead: Reimburse: Meeting Expenses Food/Beverage Barbara Kubarych Mailing Address 4652 Sun Valley Road 7IP Code City State Del Mar 92014-4115 CA Outstanding Balance Beginning This Period Transaction ID: SD10-DEBT1694 90.96 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 90.96 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administrative/Salary/Overhead: Reimburse: Meeting Expenses Food/Beverage Marie McEneany Mailing Address PO Box 2631 ZIP Code City State Rancho Santa Fe 92067-2631 CA Outstanding Balance Beginning This Period Transaction ID: SD10-DEBT1693 75.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 75.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 14 / 14 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) North County Democratic Unity Political Action Coalition A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Administrative/Salary/Overhead: Reimburse: Meeting Expenses Food/Beverage Jamie Carr Mailing Address PO Box 8661 City State ZIP Code Rancho Santa Fe 92067-8661 CA Outstanding Balance Beginning This Period Transaction ID: SD10-DEBT1691 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 250.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 0.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

0.00